PTO/SB/06 (08-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paneound Perturtion Ant of 1005

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								ss it displays a valid OMB control number. Application of Doctors shuriber.			
CLAIMS AS FILED - PART I (Column 1) . (Column 2) SMALL ENTITY								OR	OTHER THAN OR SMALL ENTITY		
		ER FILED	NUM	. NUMBER EXTRA		RATE	- T-C				
BASIC FEE (37 CFR 1.18(a))						MIE	. FEE ·		. RATE	FEE	
TOTAL CLAIMS					┨	 		OR	<u> </u>	s	
(37 CFR 1.18(c)) INDEPENDENT CLAIMS		minus 20) * ·		1	x s*		OR	x s==		
(37 CFR 1.16(b))		minus 3	3 = .		_	x s=		OR	x-5=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.15(d))						+ 5=		OR	+5=		
' If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL		
CLAIMS AS AMENDED – PART II											
7/20 6 (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER	R THAN ENTITY	
A T	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA],	RATE .	ADDI- TIONAL		RATE	ADOI- TIONAL	
Total Total (37 CFR 1.16(c)) Independent U) (37 CFR 1.16(c))	MENDMEN	Minus	PAID FOR	=	1		FEE			FEE.	
Z Independent •		THE STATE OF	MAL	-	1	X S=	-A	OR	x \$=	/	
Σ	:		Yrie	<u> </u>	-	X.\$=	/	OR "	x s=		
PINST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) +5 =								OR	+ s		
V 20 01						TOTAL ADO'L FEE		OR	TOTAL ADD'L REE	·	
87010 B	Column 1)		(Column 2)	(Column 3)			•				
与	CLAIMS · REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total (37 CFR L16(c))		Minus	/		И	x \$ =	- 125	\angle		FEE/	
Z Independent (37 CFR 1,16(b))		Minus	MAS	= /		·-		ØR	X S=	/	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +s =								OR OR	x s=		
					3 L	TOTAL ADD'L FEE	t	OR	+ S=/ TOTAL / ADO'L FEE		
(0	Column 1)		(Column 2)	(Column 3)					[
	CLAIMS		HIGHEST		1			7			
	EMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL		RATE .	ADDI- TIONAL	
(3) CFR 1,15(c))		Minus	••	=		x s =	FEE			FEE	
Z Independent * (37 CFR 1,16(p))	· .	Minus		* .				OR	x s=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						x s =		OR	x s=		
					L	TOTAL			+ s =		
If the entry in column	n 1 is less than	the entry	in column 2, write	e 10° in column :	3.	ADD'EFEE [OR	ADD'L FEE	·	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
The 'Highest Numbe	r Previously Pa	id For (T	otal or Independe	ent) is the higher	aer"	J.					

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C: 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.